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CONFIRMATION NO. 5088

SERIAL NUMBER 10/791,959	FILING DATE 03/03/2004 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. END-5011USNP
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APPLICANTS

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** CONTINUING DATA ***** *Col/L 12/16/2005*
 This appln claims benefit of 60/451,860 03/04/2003

** FOREIGN APPLICATIONS ***** *Col/L 12/16/2005*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 10/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<i>Col/L 12/16/2005</i> Examiner's Signature Initials	STATE OR COUNTRY FL	SHEETS DRAWING 17	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
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TITLE
 Patient monitoring and drug delivery system and method of use

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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☐ 1.18 Fees (Issue)☐ Other _____☐ Credit